BEST AVAILABLE CORV

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			29					RATE	FEE		RATE	FEE
FOR NUMBER FILED			FILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS \mathcal{Q}^{S} minus 20=				* 8	7		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 2 minus 3 =				* /	1		X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	_	OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PAR						(Caluma 2)		SMALL E	NTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1)., 		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Ì	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-	l	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		J	+140=		OR	+280=	
								TOTAL			TOTAL	
								ADDIT. FEE		l Oi (ADDIT. FEE	
_		(Column 1)		-	mn 2)	(Column 3)	4					
AMENDMENT B		CLAIMS REMAINING AFTER		NUN PREV	HEST MBER NOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##	FOR	=	1	X\$ 9=	1 24	OR	X\$18=	1 65 6
	Independent	*	Minus	***		=		X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		J	140			+280=	
								+140=		OR		
								ADDIT. FEE	_	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3))_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT					1				1		<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	ļ
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nhar Provincely P	aid For" (Total	r Indenen	dent) is th	e highest numb	ber fo	ound in the ap	propriate bo	x in co	olumn 1.	